



## CRIMINAL DISCLOSURE

### IMPORTANT APPLICANT INFORMATION:

#### ***Employment/Volunteer/Contractor***

As a law enforcement agency, it is necessary that all Department of Corrections employees and volunteer personnel be carefully screened prior to appointment or approval. This information is required in order to safeguard the confidentiality of departmental information and to maintain facility security. This disclosure requirement does not preclude your employment or service with the Department of Corrections if, in the judgment of the Appointing Authority and as approved by the Department Secretary, your qualifications are determined appropriate for the position(s) for which you are applying.

#### **PRINT FULL NAME:**

List below all convictions and incarcerations for any prior felony offense(s). Also, list any gross misdemeanor offense(s) involving violence and/or sexual misconduct. Include those sentences that were suspended and/or deferred and those issued by a juvenile court where the defendant was 15 years of age or older at the time the offense was committed. Do not include convictions vacated by a court and removed from the official record. If there are no convictions, indicate by writing "None" below.

DATE	CRIME	IF INCARCERATED, GIVE LOCATION AND DATES IF NOT INCARCERATED, WHAT DISPOSITION WAS MADE?

If any convictions, have you received a final discharge from supervision, including all civil rights being restored?

- ☐ Yes    Indicate date \_\_\_\_\_ and attach a copy of discharge.  
☐ No

Do you now have any right under the law to carry and use a firearm?

- ☐ Yes    List date and B.A.F.T. permit number \_\_\_\_\_  
☐ No

All answers and statements are true and complete to the best of my knowledge.

**As an employment/volunteer/contractor applicant,** I understand that a background check will be conducted, including, but not limited to arrests and convictions, prior employment, and education. I understand that, if hired, I will be finger-printed, and that untruthful or misleading answers or deliberate omissions will be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or acting as a volunteer or visitor/sponsor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**By completing and submitting this form, you are giving your authorization to release information.**